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REMOVAL (Specify Removal) 8/18/62 Oakwood Cemetery Fremont, Sandusky Co., Ohio 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. POISTRAY'S SIGNATURE.		<u> </u>	+	₹	234. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. PGISTRAS SIGNATURE		<u> o</u>		9	REMOVAL (Spécify)
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Elliar P. W. Schildknecht O'Fallon, Illinois AUG 14 1504 FOad Amush . //. U.		<u> </u>		Β.Υ.	P. W. Schildknecht O'Fallon, Illinois AUG 14 1962 Koan Smith. M. D.

STATEMENT BY LICENSED EMBALMER

Thereby certify that the body whose name	is recorded on the reverse side of this certificate was/embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	A Section of the Sect
Student	Signed P. W. Schildfarold P. W. SCHILDKNECHT
Signature of Student Embalmer	P. W. SCHILDKNECHT
The second of th	Licensed Embalmer No. 8549 (Illinois

P. O. Address O'Fallon, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.